

FILED DEC 1 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37740

State File No. 121BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 556

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. LENGTH OF STAY (in this place) 45 MIN.	c. CITY OR TOWN JOPLIN
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL		e. STREET ADDRESS (If rural, give location) 1703 KENTUCKY AVENUE	
3. NAME OF DECEASED (Type or Print) a. (First) STEVEN b. (Middle) ALLEN c. (Last) HILDRETH		4. DATE OF DEATH (Month) (Day) (Year) NOV. 14, 1954	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) CHILD	8. DATE OF BIRTH APRIL 8, 1948
9. AGE (In years last birthday) 6		10. UNDER 1 YEAR Months 6	11. UNDER 18 HRS. Days 6 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY EMERSON SCHOOL	
11. BIRTHPLACE (City and State or Foreign Country) JOPLIN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME VIRGIL HILDRETH		13b. MOTHER'S MAIDEN NAME ANNALEE HARMON	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME VIRGIL HILDRETH, 1703 KENTUCKY AVE.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basilar skull fracture</u> <u>Injury to femur.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8124 20	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) BRIDGES RD. NEAR 21ST ST	
21c. (CITY, TOWN, OR TOWNSHIP) COUNTY (STATE) GALENA TNSHP JASPER MO.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 14 54		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? STRUCK BY CAR WHEN HE DARTED OUT ON ROAD FROM JITTER			
22. I hereby certify that I attended the deceased from <u>D/D, NOV, NOT FND</u> , 19 <u>54</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Walter H. ...</i>		23b. ADDRESS <i>Just West of ...</i>	
23c. DATE SIGNED 11-16-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-16-54	
24c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
DATE REC'D BY LOCAL REG. 11-24-54		REGISTRAR'S SIGNATURE <i>Steve Parker</i>	
25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.		ADDRESS	

(Licensed Embalmer's Certificate on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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No. 300
10-48

County File No. _____
Date Filed NOV 30 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 231

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.